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Sample Letter #5

Letter from doctor describing any medical complications your child has had, the doctor's recommendations for treatment, and the doctor's prediction of outcome if this treatment is not received. This is a sample physician letter that parents can bring to their child's doctor as a template to work from.

DATE
To: [NAME OF INSURANCE COMPANY MEDICAL DIRECTOR]:
INS. CO. NAME & ADDRESS
From: YOUR NAME & ADDRESS
Re: PATIENT'S NAME
DOB (Date of Birth)
Insurance ID#
Case #

Dear [NAME],

We are writing this letter to summarize our treatment recommendations for [patient name]. We have been following [patient name] in our program since [DATE]. During these past [NUMBER years], [patient name] has had [NUMBER] hospitalizations for medical complications of [insert medical complications, i.e., malnutrition, profound bradycardia, hypothermia, orthostasis]. Each of the patient's hospital admissions are listed below [list each and every one separately]:

- Admission Date – Discharge Date [condition]

In all, [PATIENT NAME] has spent [NUMBER] days of the past [NUMBER years] in the hospital due to complications of [his/her/their] [insert TYPE of EATING DISORDER (spelled out)], which has resulted in [insert identified complication(s)]. [His/Her/Their] course has been complicated by the following medical issues:

- List each issue and its medical consequence [i.e., secondary amenorrhea since DATE, which has the potential to cause irreversible bone damage leading to osteoporosis in his/her/their early adult life.]

Despite receiving intensive outpatient medical, nutritional, and psychiatric treatment, [patient name's] medical condition has continued to deteriorate with [describe how symptoms/signs have worsened, i.e., consistent weight loss, white blood cell count and serum protein and albumin levels have been steadily decreasing etc.] since DATE.

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Given this history, prior levels of outpatient care that have failed, and [his/her/their] current grave medical condition, we recommend that [PATIENT NAME] urgently receive more intensive psychiatric and nutritional treatment that can be delivered only in a residential treatment program specializing in eating disorders. We recommend a minimum 60- to 90- day stay in a tiered program that offers: acute residential and transitional components focusing on adolescents and young adults with eating disorders (not older patients, if applicable). [PATIENT NAME] requires intensive daily psychiatric, psychologic, and nutritional treatment by therapists well-trained in the treatment of this disease. Such a tiered program could provide the acute residential treatment that [he/she/they] so desperately needs so [he/she/they] can show that [he/she/they] can maintain any progress in a transitional setting. We do not recommend treatment in a non-eating disorder-specific behavioral treatment center. [PATIENT NAME]'s severe [identified eating disorder diagnosis] requires subspecialty-level care and includes a multidisciplinary team including, psychiatrist, medical provider, registered dietician, and psychotherapist to address and treat the eating disorder. Examples of such programs would include [name facilities].

Eating disorders are deadly diseases with the second highest mortality rate of any psychiatric illness behind opiate addiction. In addition, up to 20% of patients with an eating disorder will develop a severe lifelong course of the disease. We believe that without intensive treatment in a residential program, [patient's name and condition], and the medical complications that it causes, will continue to worsen causing [him/her/them] to be at significant risk of developing lifelong [identify eating disorder diagnosis] or dying of the disease. We understand that in the past, your case reviewers have denied [patient] this level of care. This is the only appropriate and medically responsible care plan that is recommended. We truly believe that to offer a lesser level of care is medically negligent. We trust that you will share our grave concern for [PATIENT NAME]'s medical needs and approve the recommended level of care to assist in [his/her/their] recovery.

Thank you for your thorough consideration of this matter. Please feel free to contact us with any concerns regarding [patient's] care.

Sincerely,

[PHYSICIAN NAME]

Cc: [YOU]